



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

SCHOLARSHIP/BURSARY APPLICATION FORM

Lainey's Education Grant - 2023/2024

DEADLINE JUNE 30, 2023

**Please complete legibly and in duplicate. Only registered FULL-TIME students
OR students going into FULL-TIME study will be considered for a Scholarship/Bursary.**

NB: IF YOU ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE NOT REQUIRED TO SUBMIT ANOTHER APPLICATION.

Section 1

STUDENT ID NO.: _____

SURNAME: _____ OTHER NAMES: _____

PRESENT FACULTY/CAMPUS & DEGREE PROGRAMME:
(Please indicate Minor if any)

PROCEEDING TO: YEAR I YEAR II YEAR III YEAR IV YEAR V

PERMANENT ADDRESS:	MAILING ADDRESS:
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HOME/PERMANENT PHONE: CELL PHONE NO.: Area Code: (___) (___) (___)	ARE YOU A STAFF DEPENDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>
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DISABILITY: _____

DATE OF BIRTH: _____	COUNTRY OF BIRTH: _____	NATIONALITY: _____
		MARITAL STATUS: _____
		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

CURRENT AWARD (IF ANY): _____	ANNUAL VALUE OF AWARD (IF APPLICABLE): _____
OTHER FINANCIAL ASSISTANCE – LOAN _____	GRANT _____
\$AMOUNT	\$AMOUNT

Section 2

EXTRA-CURRICULAR STATEMENT

Please indicate the areas in which you have contributed to Extra-Curricular activities during the academic year, on or off campus.

For activities on Campus, the Dean of your Faculty OR the Director, Student Services (DSSD), must confirm the information provided.

For off-Campus activities, a letter of support written by the President, Chairman or Secretary of the Regional, National or Community organization which states clearly: -

Section 2a

WORK EXPERIENCE

Name of Organisation	Position Held	From	To	Salary /month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

Section 2b

CAREER OBJECTIVE

State your career goals, and the contribution you think you will be able to make towards the development of your country:

Section 3

This Section to be completed ONLY by A' LEVEL/CAPE applicants entering UWI at the beginning of the Academic Year.

Academic Qualifications

Examining Body Cambridge/London/ CXC etc.	SUBJECTS TAKEN	ADVANCED LEVEL [✓]	CAPE [✓]	YEAR	GRADE

Sections 4 & 5

**These Sections must be completed ONLY by students applying for a Bursary/Scholarship
WITH A FINANCIAL NEED ELEMENT**

Section 4 – Household Information

	Household of Parent(s)/Guardian	Household of Student/Spouse
1. Number of persons in household:		
2. Number and ages of dependent children:		
3. Number of these persons in University:	No Parent []	Student []
	One Parent []	Spouse []
	Both Parents []	
	Others []	Others []
4. Parent(s)/Guardian's current marital status:	Single []	
	Married []	
	Separated []	
	Divorced []	
	Widowed []	
5. Is either Parent/Guardian, Spouse:	Mother []	Spouse []
[a] Retired?	Father []	
[b] Employed?	Mother []	Spouse []
	Father []	
[c] Unemployed?	Mother []	Spouse []
	Father []	
[d] Handicapped?	Mother []	Spouse []
	Father []	
[e] Deceased?	Mother []	Spouse []
	Father []	
[f] Living Abroad?	Mother []	Spouse []
	Father []	
6. Occupation:	Mother _____	Student _____
	Father _____	Spouse _____

Section 5

PROJECTED INCOME AND EXPENSES FOR ACADEMIC YEAR OF AWARD

(APPLICANTS ARE REQUIRED TO SUBMIT AN AUTHORIZED JOB LETTER AND A NOTARIZED STATEMENT OF INCOME AND EXPENSES)

(Please complete the relevant column)

		Parent(s)/Guardian \$		Applicant/Spouse \$
1. Family Income for the YEAR :	Mother		Student	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
2. Expenses for the YEAR :	MORTGAGE			
	RENT - (HOME)			
	RENT - (STUDENT)			
	TUITION FEE: (APPLICANT)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	TOTAL			

I certify that the information provided in this Application for a Scholarship/Bursary is true and correct.

Signature of Applicant	Date

Financial Advisory Services Dept
DSSD
UWI – St. Augustine
2022-Jun-10